

SADDLEBACK PORTABLE X-RAY
PHONE: 714.835.2915
FAX: 714.543.3114

RADIOLOGY
ORDER REPORT

| | | | | |
|--|-----------------------------------|----------------------------------|-------------|--|
| PATIENT'S NAME: Demo Patient | PATIENT'S ID: df53232 | DATE OF BIRTH: 08-01-2017 | SEX: | |
| ADDRESS: | CITY, STATE & ZIP: , , | PHONE NO: | | |
| ORDERING FACILITY: ASPC Douglas | | ADDRESS: 6911 N. BDI Blvd | | |
| CITY, STATE & ZIP: Douglas, AZ, 85607 | PHONE NO: | FAX: | NPI: | |
| REQUESTED DATE/TIME OF SERVICE: 04-26-2017, 20:29 | | TECHNOLOGIST: TECH ONE | | |
| REFERRING DR'S NAME: NISSAN KARMIN | NPI: | PHONE NO: | FAX: | |

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|---------------------------|--|--|
| CPT CODE #1: 72040 | PROCEDURE #1: Cervical, 2 viewsmnym | |
| CPT CODE #2: 72050 | PROCEDURE #2: Cervical, 4 views | |

SYMPTOMS:

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|--------------------|--------------------|------------------------|-----------------------------|
| MEDICARE #: | MEDICAID #: | INSURANCE CO. : | POLICY GROUP/FECA #: |
|--------------------|--------------------|------------------------|-----------------------------|

PHYSICIAN'S SIGNATURE: _____

DATE: ____/____/____